

Group A Streptococcal Fact Sheet

What is group A strep (GAS) and invasive group A strep?	Group A Streptococcal (GAS) bacteria cause common infections such as strep throat and impetigo. At any time up to 10% of school children may carry the bacteria and have no symptoms. The CDC estimates that there are several million cases of strep throat and impetigo, and about 10,000 invasive GAS cases. Most Group A Streptococcal infections are not serious or invasive and are not reportable to the S.C. Department of Health & Environmental Control. Invasive Group A Strep infections are rare variations of GAS. These more severe infections include: sepsis (an invasion of bacteria into the bloodstream); pneumonia; necrotizing fasciitis, an infection that affects the deeper layers of skin and underlying tissues; and rarely, Streptococcal Toxic Shock Syndrome, which starts at the site of a wound.
What are the symptoms of invasive Group A Strep?	Symptoms will vary depending on the strain of GAS and where the bacteria has entered the body. <u>Sepsis</u> – can produce high fever, shock, inflammation of internal organs, or abscesses. <u>Necrotizing Fasciitis</u> – the infected skin is painful, hot and swollen and the patient usually has severe body pain, high fever, and rapid pulse. Sepsis may develop. This strain of GAS destroys tissue and is sometimes referred to by the media as “flesh-eating disease”. <u>Toxic Shock Syndrome</u> – begins with flu-like symptoms such as fever, chills and muscle pain, rash, low blood pressure (shock), kidney malfunction and blood and liver abnormalities. (Note: this is not the Toxic Shock Syndrome usually associated with tampon use and Staph bacteria.)
How is it treated?	People with sore throats, impetigo or infected wounds should see their doctor for medical care and possible Strep testing and antibiotics. Symptoms of invasive forms of Group A Strep are very serious and require immediate medical attention. Diagnosis can sometimes be difficult to make early in the course of infection. Treatment includes antibiotics, intensive medical care, and in some cases, surgery.
How do people catch this disease?	Group A Strep can be spread through direct, close personal contact with the oral secretions or infected tissue fluids of someone with GAS infection. Most people who are exposed to Group A Strep do not get infected or become ill. Only close personal contacts (ie, household members) who are exposed to the Invasive GAS strain are at minimal risk of being infected.
What can be done to prevent this disease?	Careful and regular handwashing is the best prevention, especially before eating, after coughing or sneezing or using the bathroom, and before preparing foods. Cuts and abrasions should be kept clean and covered. Anyone who has been diagnosed with non-invasive strep infection should stay home from work or school until they have been on antibiotics for at least 24 hours. Avoid close personal contact with anyone who has strep throat, wound infection, impetigo or GAS infection until 1-2 days after antibiotics are begun.
Are the recent cases related?	Current investigation of the two sporadic cases in Charleston shows no common connection to each other or to community settings. Epidemiologic and clinical investigations are ongoing, including lab testing to determine if the strains are identical or different.
Is the public at risk?	There is no increased risk to the general public. Even close personal contact (household, personal care workers) are at only minimal increased risk and are under medical observation.

For more information about Invasive Group A Streptococcal Disease call DHEC Region 7 Public Health EPI Team at (843) 746-3806. Other sources include:

www.cdc.gov/ncidod/dbmd/diseaseinfo/groupastreptococcal_g.htm
www.niaid.nih.gov/factsheets/strep.htm